Challenge TB - Indonesia

Year 1

Quarterly Monitoring Report

April – June 2015

Submission date: July 30, 2015

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Cover photo: "If I can be cured from drug resistant TB, everyone should too"
(Credit: Moh. Roni Winner Challenge TB-Indonesia Photo Contest at International Meeting Week May 2015)

This photo of an MDR-TB patient who has successfully completed his 20 months course of treatment (June 2013 to September 2014). While on treatment, he still worked as a garbage man in a residential complex. His motivation to complete the treatment was triggered by knowing the reality that MDR-TB is curable, even in patients in a worse condition than he was.

"...in this quarter new patient group has been estabilished, named PEJABAT (Pejuang Sehat Bermanfaat) in Medan City, North Sumatera."

Most Significant Achievements

1. Quarterly Overview

Country	Indonesia
Lead Partner	KNCV
Other partners	ATS, FHI360, IRD, MSH, WHO
Work plan timeframe	April – September 2015
Reporting period	April-June 2015

Most significant achievements:

1. A new peer educator group for MDR-TB patients was established, bringing the total number from 6 patient groups in 5 provinces (DKI, West Java, Central Java, East Java and South Sulawesi) to 7 patient groups in 6 provinces with total number of members are 102. This new patient group is called PEJABAT (Pejuang Sehat Bermanfaat), freely translated as *Healthy and Helpful Warrior* in Medan City, North Sumatra.
2. The GF TRP (Global Fund Technical Review Panel) has accepted Indonesia's joint concept note for TB and HIV. The concept note was developed by the CCM (Country Coordinating Mechanism) Indonesia, and supported by the Ministry of Health, Challenge TB (CTB) partners (FHI360, KNCV, MSH and WHO), Gadjah Mada University and several external consultants. The TRP has recommended that the TB-HIV concept note proceed to grant-making with some issues needing to be cleared by the TRP and CCM Secretariat. The Global Fund has awarded the full requested allocation amount of US$ 132.2 million plus US$ 27 million in incentive funding. Overall the TRP considers the concept note to be technically sound and strategically focused, well-integrated considering the country's epidemiological context[1], geographic variability of the two diseases, current funding landscape and limitations, and utilizes the lessons learned through programs supported by the Global Fund and other development partners to prioritize evidence-based and high impact interventions for key populations.
3. Challenge TB has introduced another innovative technology, LED microscopy (Light-Emitting Diode Fluorescence Microscopy/ LED FM) in Indonesia. Three LED FMs have been procured and sent to the National Reference Lab (NRL) Microscopy (BLK Bandung) in June 2015. The final draft of the Standard Operation Procedures (SOP) for LED FMs has been developed. Piloting of LED utilization is being conducted in BLK Bandung, Rotinsulu Hospital and Hasan Sadikin Hospital. It is intended to gather a lesson learned, which also will be the inputs for the SOP, EQA mechanism and technical guideline finalization. The pilot test will be completed in September 2015, and roll out will be supported during year 2 of Challenge TB.
4. Mandatory notification has been included in a final draft Decree of the Minister of Health related to TB Control stating that TB is a notifiable disease and that all health providers delivering TB services are obliged to report cases to the National TB Program (NTP). Through regulation enforcement on mandatory notification, it is expected that large numbers of diagnosed TB patients in the private sectors (hospitals, private clinics, and individual practitioners) will be captured by the surveillance system [2].
5. Prioritization of TB risk groups for the initial round of intensified case finding interventions has been completed in June 2015. The four prioritized risk groups are:
   i. Ex-TB patients
   ii. Men ≥55 years of age

[1] The CN is based on the new prevalence data estimates from the National TB Prevalence Survey (NPS) 2013/14 as per instruction from the Director General of Disease Control and Environmental Health, MoH.
[2] From the results of NPS and an unpublished study on the consumption of TB medicines, under notification was estimated to be about 55% (Indonesia End TB Strategy, MoH, 2014)

iii. Male smokers
iv. People with Diabetes Mellitus.

For each group, an optimal screening algorithm has been defined. Testing areas for ICF piloting have been selected together with the NTP.

6. The National Health Insurance System (Jaminan Kesehatan Nasional/JKN) guideline for TB services was officially signed by the Director General of Disease Control and Environmental Health, Ministry of Health. Services for TB patients are now covered under the National Health Insurance System. This is an important step in the process for establishing sustainability of the TB control program in Indonesia. This guideline is for health service providers and explains the standard operational procedure for receiving compensation for TB services.

7. Motiv8 introduced by TB CARE I in 2014 has now been adopted by the NTP as the national standard training package for the improvement of communication skills of service providers dealing with TB/MDR-TB patients. It is hoped that this will improve patient enrolment and compliance to treatment. A faith based organization, LKNU (*Lembaga Kesehatan Nadhlatul Ulama*) through CEPAT (Community Empowerment of People Against Tuberculosis)- a community-based TB project funded by USAID, has also adopted Motiv8 to improve the communication skills of nurses and volunteers.

8. NTP is now ready to introduce Bedaquiline into the TB control program. The Cohort Event Monitoring (CEM) Pharmacovigilance (PV) Guideline and training materials were finalized during this quarter. Three hospitals (Persahabatan Hospital DKI Jakarta, Hasan Sadikin Hospital West Java, and Soetomo Hospital East Java) have also now been trained on the CEM PV Guideline and PV recording and reporting in e-TB Manager. It is expected that through Cohort Event Monitoring implementation and inserted on recording and reporting e-TB Manager system, drug side effect data on each MDR TB drugs will be completed, able to detect ineffective drug therapy (failed, inappropriate drug, drug interaction etc) , detail information of death cases and drug safety comparison between each kind of MDR TB drug in accurate manner.

9. The source data for GIS (Geographical Information System) of TB-HIV health facility's service and linkage in 10 Challenge TB districts was completed. It is expected that the tool will facilitate Challenge TB planning to map TB DOTS services that do not have access to HIV testing and ART services, as well as hospitals providing ART services that do not implement TB DOTS. This information will be used to plan expansion of TB-HIV linkages.

10. Isoniazid Prevention Therapy (IPT) for People Living with HIV is now being scaled up after the successful piloting during TB CARE I. Nine out of 42 ART hospitals in 10 Challenge TB districts are now appointed as IPT sites. In North Sumatera, IPT policy has been well-accepted in 9 districts where it will be rolled out.

Technical/administrative challenges and actions to overcome them

The main challenge has been the transition from TB CARE I to Challenge TB and moving from one technical framework to another. However, the Challenge TB team is successfully managing both projects as expected.

"... the accuracy of LED microscopy was equivalent to that of international reference standards, it was more sensitive than conventional Ziehl-Neelsen microscopy and it had qualitative, operational and cost advantages over both conventional fluorescence and Ziehl-Neelsen microscopy."
(http://www.who.int/tb/publications/2011/led_microscopy_diagnosis_9789241501613/en/)

LED microscopy at BLK Bandung, Jawa Barat, Indonesia
Pics by KNCV©Harini Janiar

Objective 1

Improved Access to quality patient centered care for TB, TB/HIV & MDR-TB Services

2. Year 1 Activity Progress

Sub-objective 1. Enabling environment							
Planned Key Activities for the Year		**Planned Milestones**			**Milestone status**	**Milestone met? (Met, partially, not met)**	**Remarks (reason for not meeting milestone or other key information)**
	Activity #	**Oct 2014-Mar 2015**	**Apr-Jun 2015**	**Jul-Sep 2015**	**April – June 2015**		
Develop mandatory notification road map and draft the detail and content of mandatory notification.	1.1.1		Consultations to develop a roadmap of mandatory notifications in Central.	Final draft mandatory notification developed.	**1.** CTB has provided technical support on the development of TB mandatory notification. Mandatory notification has been integrated into a Ministerial Decree on TB control. The Decree will include one specific article on TB mandatory notification within the TB surveillance chapter. The article will state that TB is a notifiable disease and that all TB health services providers are obliged to report TB cases to the District Health Office (DHO) for hospitals and to Public Health Center/ Puskesmas for private practitioners. A series of discussions with Hukhor (Legal unit in MOH) and other related MoH units to finalize this decree has been initiated, funded by GF with TA from CTB. 2. CTB has initiated a process to develop the manual for TB mandatory notification implementation (reporting frameworks and mechanism). The manual to be ready before the end of Year 1.	**Met**	A roadmap of mandatory notification is no longer needed, since mandatory notification will now be included in a Decree from the Ministry of Health**.**

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	Activity #	**Oct 2014-Mar 2015**	**Apr-Jun 2015**	**Jul-Sep 2015**	**April – June 2015**		
Provide TA for revision of national guidelines and policies, and ensure their integration into quality assurance & accreditation systems	1.1.2		Public Health Center accreditation development, ,	TB Accreditation Guideline finalized;	**At National Level** 1. CTB has provided TA to integrate TB into Puskesmas accreditation, to ensure the quality of TB services in Puskesmas. A coordination meeting was conducted with NTP, Indonesia Association of Internists (PAPDI)) and Pulmonologists (PDPI) to develop the TB Service Technical Guideline for Puskesmas (Public Health Center) Accreditation, on 4-5 June 2015 in Jakarta. This guideline is for Puskesmas assessors to measure the performance of TB services in Puskesmas. Puskesmas could also use this guideline in their preparation for accreditation in relation to TB services. The guideline is close to being finalized. It is under final review by the Medical Service DG in MoH.	**Met**	
			Consultation and review for PNPK revision	Final draft of PNPK developed	2. CTB conducted a small meeting with professional organizations on 4th May to prepare a workshop in this quarter to revise the National Guidelines for Medical Practice Standards (PNPK) to be in line with latest NTP policy. Result of the meeting: chapters to be revised were identified and tasks divided amongst the participants.	**Partially met**	The workshop to revise the National Guidelines for Medical Practice Standards (PNPK) was delayed. Key participants kept postponing, possibly as a result of the discontinued of "expert fee"provision.
			Development design of GPs certification.	Model/ design of GPs certification available	3. Coordination meetings with the Indonesia Medical Association (IMA) were conducted on 28th April and 4th June in Jakarta, to discuss IMA's approach to TB certification for General Practitioners and acceleration of the TB program with IMA. IMA agreed with CTB approach to focus in 20 sub districts at 10 districts, and will enforce IMA's branches at districts to be involved in PPM.	**Met**	

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			Consultations and review for models for IAI involvement, and development of adopted PDPI models for IDAI and PDPI	PDPI model best practices and recommend-action available;	4. A coordination meeting with the Indonesian Pharmacists Association (*Ikatan Apoteker Indonesia*/ IAI) was conducted on 27th May in Jakarta. This meeting was intended to gain a commitment from IAI on the TB Program, to update and synchronize CTB activities with IAI. IAI as SR-GF is a potential TB key player, which has approximately 40.000 members nationwide. Results from the meeting were IAI would support the involvement of pharmacists in 10 Intensified CTB districts. Models of IAI involvement will be developed based on lessons learnt from TB CARE I and IAI activities. It is expected that in Q4, those models will be finalized.	**Partially met**	Development of adopted PDPI models for IDAI and PDPI (Inetrnist Assocation) was postponed in Q4, after the cooperation scheme between CTB and PDPI is finalized.
			Assesment for DOTS implementation in Hospital conducted in CTB areas.		**At Provincial Level** CTB conducted assessments with DHO and the hospital's DOTS team in 45 hospitals in 4 CTB intensified provinces (6 hospitals in DKI Jakarta, 13 hospitals in West Java, 24 hospitals in Central Java, and 2 hospitals in East Java). The assessments were intended to evaluate the TB program in hospitals using checklist tools developed by TB CARE I. The results were: 13 hospitals had poor results on DOTS implementation & needed intensive technical assistance (on the job training, routine supervision from DHO, and comprehensive related to DOTS implementation) ; 15 hospitals had medium result of DOTS implementation, which still needed assistance (TA will be focus on low performance result/score) ; and 17 hospitals had a good result and technical assistance through supervision will be given to maintain their quality.	**Met**	
Provide TA to revise National Health Insurance (*Jaminan Kesehatan*	1.1.3		Consultation to revise JKN after piloting in 3	M&E tools developed; lessons	**1.** CTB has provided TA to KPMAK (*Kebijakan Pembiayaan dan Manajemen Asuransi Kesehatan*) Gajah Mada University, to	**Met**	

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Nasional/ JKN) technical guideline and develop implementation road map.			provinces and implementation in CTB districts; lessons learnt from other countries in the region; consultant to develop M&E tool for JKN technical guideline implementation.	learnt documented & technical guideline implemented in CTB districts.	finalize the technical guideline for TB in JKN system, the document status is awaiting legal process for dissemination for implementation at health facilities level (primary and secondary care). **2.** The development of a roadmap for JKN implementation was cancelled by NTP and replaced with TA provision to KPMAK and National Health Insurance Provider/ BPJS to develop M&E system to monitor and evaluate the implementation of JKN systems for TB.		
Revise PPM operational guideline	1.1.4		Review and consultation in Central to review and finalize the operational guideline for the PPM team strategy		**At National Level** PPM Operational Guideline for PPM team strategy has been finalized. In CTB areas, the PPM strategy has referred to the guideline. The guideline is being reviewed by NTP to observe the possibility of being used in other areas. **At Provincial Level** CTB provided technical assistance to strengthen PPM strategy in 9 CTB provinces, through On the Job Training; established a PPM network in selected intensified CTB districts (involving IMA, Pharmacist Association, Lab Association and GPs), including socialization on TB in National Health Insurance/JKN to 108 GPs and Dentists in East Java, also TB care governance and PPM principles dissemination for 52 members of Indonesia Pharmacist Association (IAI) from 25 to 26 May 2015, in East Java.	**Met**	
Scale up of peer education in CTB areas, especially at district level.	1.2.1		Trainer for peer educator training available in 6 Provinces	50 peer educators trained in 2 provinces	**At National Level:** Training of Trainers for peer educator was postponed.	**Partially met**	TOT was rescheduled to September 2015 due to person in charge for this activity in NTP recently being replaced.

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			Psycho social support provided through Peer Educator activities in CTB areas.	Psycho social support provided through Peer Educator activities in CTB areas.	**<u>At Provincial level</u>** CTB has facilitated training in 2 provinces; North Sumatra (13-17 April) and Central Java (1-3 April 2015). This training was intended to build capacity of ex/converted DR-TB patient in providing psychosocial support to other MDR-TB patients and organization management. • In North Sumatra, 14 peer educators (F:5; M:9) from North Sumatra patient group named PEJABAT (Pejuang Sehat Bermanfaat) were trained to support PMDT implementation at Adam Malik hospitals. It was also attended by PHO, Aisyiyah, and Adam Malik Hospital. • In Central Java, 19 participants (F: 10, M: 9) including 14 people from patient group named SEMAR (Semangat Membara) were trained. PHO, Aisyiyah and Karyadi Hospital attended as facilitators. The workshop produced a plan of action for peer educator group in North Sumatra. CTB facilitated Peer Educator activities on providing psychosocial support for MDR-TB patients. These activities were implemented to increase patient motivation to complete the treatment. CTB also provides TA to enhance skills of the Public Health Center officers in terms of psychosocial support. Home visits were conducted by peer educators in 5 provinces to patients who did not attend their treatment. 76 MDR TB patients obtained home visits, and 88% (67/76) of them were continuing their treatment. CTB facilitated coordination meetings at 8 satellites (PHCs) in 4 districts in DKI to increase coordination between PKM Officers and *Pejuang Tangguh* (PETA) members and the formation of groups sharing patient at PKM.	**Met**	

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Provide TA to support initiation of a national patient group network	1.2.2		Need, aim, strategic issue, focal point and type of patient network at national level identified and a roadmap for a national patient group network developed.		A workshop to establish a patient group network was postponed to Q4.	**Not met**	Patient group network at national level will be developed at end of August. This activity milestone has not been met, since the workshop to develop the patient group network has not yet been conducted. The rGLC visit is not specifically about developing the patient group network, rather it provides several recommendations on developing a network between groups.
					CTB involved in Regional Green Light Committee / rGLC mission facilitated by WHO (non-CTB funded) to review status of patient groups and community involvement to support DR-TB patients in 3 provinces (Jakarta, North Sumatra & Central Java). The consultant of rGLC Mission (Blessina Kumar) provided several key recommendations to strengthen ex-patient groups, including development of a strong network between groups. The set of recommendations will be referred to the platform and plan next quarter.		
Provide TA to conduct mapping of existing/potential CSOs involved in TB control programs.	1.2.3			CSOs (existing and potential) to engage in TB Program identified & a draft model of CSO mapping developed	Q4 activity		Q4 activity. Mapping of existing/potential CSO involved in TB control program is planned to be conducted during September 2015.

Sub-objective 1. Enabling environment							
Planned Key Activities for the Year		**Planned Milestones**			**Milestone status**	**Milestone met? (Met, partially, not met)**	**Remarks (reason for not meeting milestone or other key information)**
	Activity #	**Oct 2014-Mar 2015**	**Apr-Jun 2015**	**Jul-Sep 2015**	**April – June 2015**		
Capacity building for CSOs on advocacy including development of advocacy strategy and tools.	1.2.4		Patient organizations in 3 provinces are able to develop proposals, work plans, budgets, and reports (financial and activity).	Patient organization in 3 provinces are able to develop proposals, work plans, budgets, and reports (financial and activity)	CTB has strengthened patient organizations in 5 provinces (DKI, West Java, East Java, Central Java, South Sulawesi, and North Sumatra). CTB facilitated patient groups for capacity building in: • Semarang, Central Java on 3 April (M: 9, F: 0) • Medan, North Sumatra from 7-11 June (M: 7 F: 4) • Malang, East Java from 9-10 June (M: 7, F: 3) • Makassar, South Sulawesi from 14-18 June (M: 6, F: 5). Three patient organizations (PANTER, PETA, Kareba Baji) in 3 provinces (East Java, DKI, South Sulawesi) were able to develop work plans and budgets.	**Met**	
Provide TA to assess existing IEC (Information, Education and Communication) tools and provide recommendations for improvement.	1.2.5			Module of CSO Training related ICF, CI, patient support and tracking are available.	CTB provided TA to NAP (National AIDS program) and NTP for TB-HIV IEC materials development. CTB facilitated the field test and finalization of the materials (leaflet, poster, pocket book). As a result the leaflet, poster and draft of pocket book for TB-HIV were finalized. Development of IEC material for TB DM and TB HIV including media campaign by NTP is in progress under the GF budget. CTB is providing TA for this activity.		Q4 Activity IEC materials related to ICF will be developed in Q4.

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	Activity #	**Oct 2014-Mar 2015**	**Apr-Jun 2015**	**Jul-Sep 2015**	**April – June 2015**		
Provide TA to assist piloting of adapted PCA tools and to develop guidance on expansion and implementation for CSOs and patient groups.	1.4.1		SOP of PCA implementation report available.	Draft on guidance for expansion available.	CTB provided TA on the pilot testing of Patient Centered Approach (PCA) Standard Operational Procedure implementation in Painan (West Sumatra) on 7-9 April and Malang Districts (East Java) on 26-28 May. • In Painan, a workshop with 16 people from MoH, CTB, PHO West Sumatera, DHO South Pesisir/Painan, RSUD Painan, 4 PHC and cadre from Faith Based Organization BKMT *(Badan Kontak Majelis Taklim)* and PPTI. 16 enumerators (F: 14 and M: 2) were trained to use PCA Tools. Recommendations were made for revision of the questionnaire to be easier to understand for enumerators, and SOP for data/ information collecting. • In Malang 20 participants from MoH CTB, Provincial Health Office East Java, District Health Office East Java, 4 Public Health Center (PHC) and cadre from local CSO. 20 enumerator's (all women) were trained to use PCA tools. As a result, it was agreed that PCA implementation will be conducted in 5 PHC (6-19 June 2015) under the responsibility of the CSO.	**Partially met**	The SOP will be finalized after corrections/lessons learned have been gathered from pilot testing. The SOP is expected to be finalized in September 2015.

Sub-objective 2. Comprehensive, high quality diagnostics							
Planned Key Activities for the Year		**Planned Milestones**			**Milestone status**	**Milestone met? (Met, partially, not met)**	**Remarks (reason for not meeting milestone or other key information)**
	Activity #	**Oct 2014-Mar 2015**	**Apr-Jun 2015**	**Jul-Sep 2015**	**April – June 2015**		
Finalization of national plan for laboratory network development for 2015-2019	2.1.1		National plan finalized and legal process by MoH.	Printed and distributed.	Meetings to develop the National Action Plan for Laboratory Network development 2015-2019 were conducted twice in March and June 2015**.**	**Partially met**	National action plan has been drafted and will be finalized during a technical meeting on August 4-6.
Provide TA to NTP and BPPM for strengthening of TB laboratory network.	2.1.2		Supervision at 3 provinces	Supervision at 3 provinces	1. CTB, BPPM and NRL Microscopic (BLK Bandung) have conducted supervision visits to 3 provinces, North Sumatera (29 April-1 May), Banten (4-7 May), and Papua (June 15-20). 2. Supervision visit to North Sumatera Province. There were two activities conducted during this supervision visit; developing internal networking in Adam Malik Hospital and MoU between PHO of North Sumatera with private health laboratories. H Adam Malik Hospital in Medan City, North Sumatera, 29 April to 1 May 2015. This aimed to develop an internal network. Findings and recommendations were given regarding the TB05 recording, specimen transport, diagnostic service expansion, FAST implementation and Social Health Insurance. 3. MOU PPM Private Laboratory (TB Laboratory Networking) – Provincial Health office of North Sumatera conducted on 28-30 April. Technical Assistance related with TB laboratory network (role, recording & reporting, referral flow) was provided at the meeting. Recommendation for MoU development was included. MOU	**Met**	

					should be followed up by an evaluation of External Quality Assurance/ EQA on microscopy, whether the laboratories are already engaged in EQA as a part of TB laboratory network activity. 4. Supervision Visit to Papua. This visit aimed to provide TB laboratory network for sputum test referral by cadres of CEPAT in Wamena. The team evaluated activity of IRLs in Papua Province, mapping of IRLs potential candidate, advocacy to Provincial Health Office to provide decree of IRLs (refer to 2.2.1). This visit was on 15-20 June 2015. Recommendations from this visit were: • health education on TB to community regarding sputum collection during mobile TB activity, • provide network for sputum transportation by developing a referral system (set schedule of referral between TB suspects, cadre and TB Lab technicians in its working area; • set pick-up points where cadres collect sputum from TB suspects on a set schedule; • sputum container package should be prepared; • Provide courier to transfer sputum packages by public transportation). CTB also provided TA to NTP in updating the module of TB Laboratory management training.		
Map out current IRLs (Intermediate Reference Labs) and network, estimated IRLs required and determine gap at CTB areas.	2.2.1		Assessment intermediate lab in 4 provinces.	Assessment intermediate lab in 5 provinces.	• Assessment on intermediate reference lab candidate in CTB area was not conducted yet . • CTB visited Papua province on 15-20 June with objectives to evaluate activity of IRLs in Papua Province, mapping of IRLs potential candidate,	**Not met**	Assessment on intermediate reference labs in 4 provinces in CTB area had not conducted yet due to inputs from Provincial Health Office and NRL related to IRL

					advocacy to Provincial Health Office to provide decree of IRLs and provide TB Laboratory network for sputum test referral by cadres of CEPAT in Wamena. One of the key result was related to IRL development in Papua Province.Low coverage of TB microscopic EQA caused by geographical and transportation problems in Papua, to enhance the coverage access to referral laboratory should be provided by IRL development.This activity begins by selection of potential TB Laboratory which meet the criteria, follow by assessment, training and panel testing by Provincial Referrence Laboratory (BLK Jayapura). There is 6 potential IRL candidates in Papua: ▪ Boven Digul District : TB Lab of Puskesmas Tanah Merah(in area of IRL Merauke) ▪ Mappi District : TB Lab of puskesmas Kota Satu (in area of IRL Merauke) ▪ Serui District: TB Lab of Puskesmas Serui Kota (in area of IRL Biak) ▪ City of Jayapura : TB Lab of Puskesmas Kotaraja, already pass 3 panel testing from BLK Jayapura(in area of IRL Sentani) ▪ Paniai District : TB Lab of Puskesmas Enarotali (in area of IRL Nabire) PHO will facilitate the assessment for those IRL potential candidates, and IRL technician training. PHO also will follow up of EQA by supervision and test panel. Decision of working area of IRLs will be determined by PHO		candidates has not provided yet. PHO and NRL had inadequate performance data which supposed to be obtained from EQA feedback, but EQA conducted irregularly and with low coverage. . To address this challenge, CTB will support on EQA implementation improvement through supervision and on the job training.
Provide TA to develop guideline and SOP for LED microscopy including EQA, use and maintenance.	2.2.2		Final draft of guideline and SOPs for LED microscopy including EQA,		SOPs for LED Microscopy implementation including EQA (External Quality Assurance) have been developed and under review at national level.	**Partially met**	Guidelines, SOPs & EQA system will be provided after inputs from lesson learned during trial are

			use and maintained.		Piloting/ trial of LED utilization is being conducted in BLK Bandung, RS Hasan Sadikin and RS Rotinsulu, which will be completed in September 2015, and roll out will be supported during year 2 of Challenge TB.		gathered. Trial will be done at the end of August in 3 sites: BLK Bandung, RS Hasan Sadikin Bandung and RS Rotinsulu Bandung Documents should be available in week 3 of September.
Procure LED microscope and preparation of LED pilot project	2.2.3		2 LED microscopes procured		3 LED FMs has been procured and sent to NRL Microscopy (BLK Bandung) on June 2015. Vendors have trained+ laboratory technicians on LED utilization at the NRL as part of procurement service. Training of five TB laboratory technicians in NRL microscopy was done; trainees were all women.	**Met**	
Support EQA panel test for Microscopy	2.2.4		1st cycle of panel tests sent to 18 microscopy labs.	2nd cycle of panel tests sent to 18 microscopy labs.	CTB supported panel test for 18 provinces and the rest of provinces (16) were supported by GF. The Panel testing had already been sent to provinces, feedback is in process. The evaluation is conducted by NRL microscopy.	**Met**	
Support e-TB12 piloting at CTB areas	2.2.5		Recommendation and correction action for piloting provided.	Recommendation for implementation is available.	eTB 12 was piloted in Central Java province. eTB 12 software introduction has been introduced to PHO and DHO TB staffs and referral labs that are involved in EQA on how to use eTB 12 software . DHO TB staff, Provincial Lab and Intermediate Reference Labs in Central Java have been using the e-TB 12 during evaluation of EQA microscopy in this quarter.	**Partially met**	NTP will gather lessons learned from their report to do the necessary revision, 2 months after Q2 EQA is done.
Provide International TA support by SRL to continue to build capacity and leadership of the NRLs.	2.3.1		External TA provided by Richard Lumb		External TA was provided by Richard Lumb from Adelaide Supranational TB Reference Laboratory on 18 May to 12 June. Supervisions was conducted in BLK Semarang, BBLK Bandung, and Sanglah Hospital. During the visits Richard Lumb provided inputs to the National Action Plan for Laboratory Network 2015-2019, reviewed progress of three National Reference Laboratories, reviewed progress on EQA for DST laboratories in collaboration with BBLK Surabaya, conducted on-site assessments to RS Sanglah, reviewed culture/DST activities at BLK Semarang, conducted assessment	**Met**	

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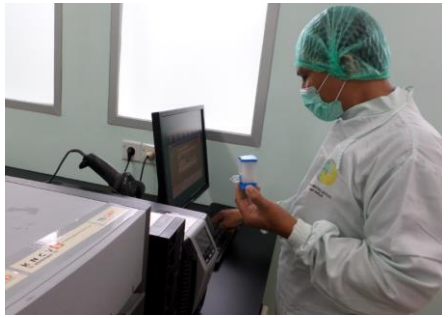
<td>in RS Saiful Anwar, Malang, East Java as part of culture laboratory expansion and reviewed the conceptual design of Lunk Clinic Lubuk Alung West Sumatra through on-site assessment in collaboration with World BioHaztec.

 
Photo: Xpert test in Sanglah Hospital</td>
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<td>Provide TA to NRL culture/DST (BBLK Surabaya) to play their roles effectively.</td>
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<td>Finding and correction action in 3 labs provided.</td>
<td>Finding and correction action in 3 labs provided.</td>
<td>Six laboratories in 5 provinces (Central Java, East Java, West Java, West Sumatera and Bali) have been visited as part of Adelaide-SRL activities. They were BBLK Surabaya, BLK Bandung, BLK Semarang, RS Saiful Anwar, BP-4 Lubuk Alung dan RS Sanglah. Key findings and recommendations for those labs were described in the following table.

<table>
<tr><th>Findings</th><th>Recommendations</th></tr>
<tr><td>On the equipment list of BLK Bandung, an autoclave is still awaiting delivery</td><td>Highest priorities for BLK Bandung were to procure UPS for the biological safety cabinets and install autoclave</td></tr>
<tr><td>Current infrastructure at BP4 Lubuk Alung does not meet safety requirements</td><td>TB culture at BP4 Lubuk Alung should stop, effective immediately since the current infrastructure does not meet safe standard.</td></tr>
<tr><td>Water damage in one corner adjacent</td><td>To undertake repairs to the water damaged ceiling in</td></tr>
</table>
</td>
<td>Met</td>
<td></td>
</tr>
</table>

					to the specimen processing (BSC) in BLK Semarang the TB laboratory and to ensure that the roof is sealed to prevent a reoccurrence An impressive increase in workload was noted in BLK Semarang MGIT960 liquid culture technology needs to be considered for the laboratory Laboratory data for routine TB culture at Saiful Anwar Hospital should identify specimens as being for diagnosis or follow-up A proportion of LJ-tubes at Sanglah Hospital had media into the neck of the McCartney bottle which may contribute to the very high contamination rate The Head of laboratory (Dr Ni Made Adi Tarini) to ensure that the Standard Operating Procedures are being followed at all times		
Provide support to BBLK Surabaya to provide EQA panel test for DST Labs.	2.3.3		Panel test sent to BBLK Surabaya		BBLK Surabaya received an EQA panel test from the Adelaide-SRL in late March 2015. SRL SA Pathology, Adelaide Australia has sent 1 set of DST panel tests consisting of 30 isolates to BBLK Surabaya as NRL culture/DST.	**Partially met**	The testing in liquid- and solid- media for FL- and SL-DST is ongoing, in part due to a lack of DST carriers for the MGIT960. An order for the carriers was placed six months before, and at the time of the visit in early of June had not arrived.
Provide TA for five TB DST lab renovations in conjunction with NRLs to increase capacity for culture.	2.3.4		TA provided to 5 DST lab renovations		CTB has provided technical assistance to review the design for 5 labs to be renovated according to BSL 2 plus standard. Those 5 labs were M Jamil Hospital in Padang, BBLK Jakarta, BBLK Makassar, BLK Manado and BKPM Ambon. Inputs for the lab design were done by the consultant from World BioHaztec.	**Met**	
LQMS training for 3 NRLs and reference labs.	2.3.5			24 lab staff from 8 labs trained and have capability to implement the	NA	Choose an item.	Q4 Activity

				LQMS			
Finalization of National Xpert guideline	2.4.1		Finalized and legal process by MoH	Printed and distributed	National Xpert Guideline draft has been finalized.	**Partially met**	Stakeholder consensus meeting has been rescheduled to Q4
Provide international TA by Xpert consultant	2.4.2				The international TA by Xpert consultant will be conducted in September 2015.		**Q4 Activity/ September**
Provide TA to NRL Molecular (Microbiology UI) to conduct their roles effectively.	2.4.3		Placement of GeneXpert is decided.		Placement of GeneXpert has been decided through coordination with NTP, CTB, BPPM, BUKD, and NRL. GeneXpert will be placed in 42 sites in two phases; in 19 sites during Phase 1 (September 2015) and in 23 sites during Phase 2 (November 2015). Commitment of providers, infrastructure readiness, SUFA/non SUFA, PMDT referral hospital/non PMDT referral hospital, and referral hospital/non referral hospital were considerations in this placement.	**Met**	
Provide TA for joint supervision to poorly performing GeneXpert sites.	2.4.4		Finding and recommendation for improvement provided to 5 labs.	Finding and recommendation for improvement provided to 5 labs	• Joint supervision to poorly performing GeneXpert sites has not been conducted yet. • Since the introduction of the use of rapid diagnostic GeneXpert for sputum examination, especially for PL HIV and Presumptive MDR in 2012, up to June 2015, nationally approximately **28.307**[3] people was tested and **3555** of them were confirmed RR/MDR TB[4]. Utilization for Xpert test, even though it is still below our expectation, but the trend of Xpert test in CTB areas was increased 44 **%** in 1 year (2163 in 2014 q1 to 3106 in 2015 q1). Maintenance of Xpert machine also well managed, showed by percentage of error rate was going down from **8 %** to **5 %** . • Reguler maintenance (daily, weekly, and monthly) has been conducted by Xpert sites. The challenge is for yearly maintenance (calibration) due to	**Not met**	TA for joint supervision to poorly performing GeneXpert sites has been postponed until APA 2 due to a lot of higher prioritized activities within NTP and Micro UI i.e Lab National Action Plan, Guidelines, assessing Xpert site candidates and training preparation.

[3] Data collected for Xpert test, Q2 for June 2015 still **50%** .
[4] Based on ETM 2011 to June 2015, 9 July, 11.00 am

					change the service provider. Currently, the calibration price still on negotation with the new service provider. This year, 24 machines (GF funded) out of 41 will be out of warranty, due to no budget was allocated for calibration in GF. CTB and NTP will seek to put the calibration budget in GF reprogramming this year (at the time of Xpert procured) .		
TA to support piloting of specimen transport system.	2.6.1		Recommendation for improvement on piloting provided.		CTB provided TA on piloting of specimen transport system which conducted by JSI (John Snow Inc.). CTB participated in coordination meeting on April 16-17 in Semarang, Central Java (facilitated by JSI). This coordination meeting also attended by NTP, PHO, DHO, 3 hospitals (Panti Wilasa Citarum, Moewardi, Kariadi) and 3 prisons (Lapas (prison) Kelas (Class) I Semarang, Lapas kelas II A Wanita (Female) Semarang and Lapas Kelas I Surakarta). This meeting recommended PHO to inform DHO officially that pilot of specimen transport system would be started on May 2015. Sputums will be delivered by Pandu Logistic, a local courier agency. It also developed network on sending samples to Semarang city and Surakarta city.	**Met**	
Define local model based on USAID Deliver/JSI piloting activity at CTB area and provide support for implementation.	2.6.2			Model of specimen transport documented & expanded to other districts.	NA	Choose an item.	Q4 Activity
Provide support for biosafety training	2.7.1			10 lab staff from 10 labs (1 person per lab) are trained and have adequate knowledge and skill to implement the SWP.	NA	Choose an item.	Q4 Activity
Provide support for BSC certification and	2.7.2		MGIT is repaired	Failed BSCs are repaired	MGIT has not been repaired yet. But CTB has supported 15 BSC calibrations in 8 labs on May 11 to June 15. These labs	**Partially met**	MGIT spare part procurement process

maintenance.					were Persahabatan Hospital, Adam Malik Hospital, BLK Bandung, Rotinsulu Hospital, BBLK Palembang, BLK Semarang, Mikrobiologi UGM and BLK Papua.		still in process.

Sub-objective 3. Patient-centered care and treatment3. Patient-centered care and treatment3. Patient-centered care and treatment3. Patient-centered care and treatment							
Planned Key Activities for the Year		**Planned Milestones**			**Milestone status**	**Milestone met? (Met, partially, not met)**	**Remarks (reason for not meeting milestone or other key information)**
	Activity #	**Oct 2014-Mar 2015**	**Apr-Jun 2015**	**Jul-Sep 2015**	**April – June 2015**		
Provide TA to NTP to develop a national policy and guideline on TB ICF approaches for various levels of service, and develop a roadmap for ICF implementation.	3.1.1		List of prioritized risk-group and ICF roadmap finalized.	Algorithm and piloting plan for additional risk group finalized.	Kathy Fiekert (KNCV Senior TB consultant) visited Indonesia on 1-22 May to provide TA on the development of revised/new appropriate screening algorithms for the NTP and research protocols to assess the impact on case notification and costs (considering yield vs cost, availability and access). Prisons, PHCs and public hospitals in Jakarta and West Java Province were visited to gain information for the design of the ICF model for piloting and scale up in CTB areas. During a CTB coordination meeting with NTP, attended by Kathy and Edine Tiemersma (KNCV Senior Epidemiologist) on 1 June the prioritized risk groups (Ex-TB patients, men >55 years of age, male smokers, and people with DM) and selection of testing areas were agreed.	**Met**	

					 *Photo: Review RR TB for ICF inputs (Dian)* The ICF Roadmap has agreed to follow. Childhood TB: a. Provide TA to NTP, IDAI and MCH to develop and finalize the Childhood TB National Action plan (NAP) 2016-2019. The plan will be used as a roadmap to strengthen childhood TB activities in the next 4 years. This NAP will be developed in line with the National Strategic Plan 2015-2019. It will explore and define more concrete activities from each strategy. **b.** CTB was involved in a childhood TB program review workshop. CTB team, NTP, IDAI with an international consultant from Global Childhood TB subgroup, Dr Ben Marais (hired by WHO non-CTB resources) were involved in this program review from 8 -12 June. TB-DM a. Provided TA on the results of analysis of TB-DM pilot implementation at 3 provinces, including result analysis for TANDEM project. The lesson learned and evidence were included in the new TB-DM guidelines. b. CTB provided TA to NTP and DM sub-directorate, the Pulmonologist Association/PAPDI, the Internist Association/ PDPI and Endocrinology Association/ Indonesia/PERKENI in developing a TB-Diabetes technical guideline for health facility levels (both primary care and referral care).		

					c. TA also provided in the development and finalization of consensus on TB-DM management development of joint TB-DM collaboration work plan and development of TB IEC materials for TB-DM activities.		
Provide TA to ensure bi-directional screening for TB among PLHIV and HIV testing for TB patients.	3.1.2		Guideline endorsed by PABDI/PDPI and SOPs developed in 2 CTB districts.	SOPs developed in 4 CTB District	**At National level:** • TB-HIV managerial guidelines are being revised, involving professional organizations (PAPDI and PDPI). • Provincial teams supported to complete the mapping table of health facilities (PHCs and Hospitals) and prisons with the services linkage in 10 CTB districts. It was only possible to finish putting these maps into ArcGIS for East Jakarta & North Jakarta districts: the remaining districts GIS will be finished before/during APA 2 planning. The services mapping and networking showed referrals for bi-directional screening in and between facilities. These mapping documents will be used for Year 2 activities/ intervention planning. • TB screening among People Living with HIV in 2014 achieved 84%, in 10 intensified districts **At Provincial level:** • 10 CTB districts have completed TB-HIV health facilities and prisons mapping. • All 10 CTB districts already have referral systems for TB-HIV services for bi-directional screening but no written SOPs. • CTB has provided TA for SOPs development to strengthen the internal linkage for Xpert/MTB Rif utilization for diagnosis TB among PLHIV at Adam Malik Hospital. • PITC OJT conducted in Central Java (1 batch - Semarang and Tegal), 26 participants (M: 12, F: 14) from PHCs and district hospitals. CTB provided TA in PITC training in East Java (7 batches, including 1 batch for military health facilities), 227 participants (93 male, 134 female) from PHCs and military hospitals. Local government funded the trainings.	Partially met	The revised guideline is still being finalized. When finalized in Q4 it is planned to have a TOT for PAPDI and PDPI's members as resource persons in district workshops. GIS mapping will be continued in other CTB intensified districts in Q4. PITC workshop will be conducted in other CTB intensified districts in Q4.

Provide TA to MoLHR, provincial offices of MoLHR, prisons, detention centers and parole offices regarding ICF strategy.	3.1.3		Guidelines & tools developed, printed and exit strategy plan developed.		**At national level**: TB in prison guidelines are being revised, together with MoLHR, NTP and NAP. The revised version includes: • Expansion of the intensified case- finding guideline for prison systems to include cough surveillance, pre-release screening, contact tracing, and prison staff screening; • Model for engaging parole officers' post-release to ensure continuation of TB treatment of inmates. TB-HIV National Action Plan for prisons setting is being finalized. **At provincial level**: • Assessment of 8 out of 12 newly supported prison/DCs in 10 CTB intensified districts have been conducted. • Assessment to 3 prisons/DCs in 2 CTB districts (other than intensified districts) have been conducted. • As the result of assessment and mapping of prisons/DCs in 10 CTB districts: Total prisons/DCs are 24 (12 newly supported and 12 previously supported from TBCARE I) and 1 prison hospital (Pengayoman Hospital). 19 out of 24 prisons/DCs have been provided with TB DOTS services and regularly report to DHO and MoLHR. 18 conducted new inmate screening, 11 conducted annual mass screening, 8 conducted HIV testing, 9 referred to other facilities for HIV testing, 9 provide ART to inmates with linkages to ART referral hospital, and 3 appointed as PMDT treatment satellites. 55% of prisons/DCs health staff not yet trained for DOTS and 70% not yet trained for TB-HIV. One prison does not have doctor or nurse. • Clinical mentoring TB-HIV was conducted in 4 prisons/DCs (East Jakarta). **Results were**: • Chest x-rays needed as supporting diagnostic tools for TB among PLHIV. Coordination with ICF team is needed to incorporate chest x-ray support into annual TB mass screening into Year 2 Planning.	**Partially met**	- The revised guideline is to be finalized and printed in Q4. The revision is needed due to new strategy for 2015-2019. - Dissemination tools will be developed after the guideline is finalized. - An exit strategy will be developed in Q4.

					• Low ART initiation among TB-HIV inmates is due to lack of motivation. CTB team will work with inmate volunteers and local CSO to grow motivation for taking ART. • 1 DC needed to have fixation (sputum smear) on-the-job training for regeneration of staff. This training will be covered by CTB. • TB-HIV TA to Semarang prison. **Results were:** • Clinic team needs refresher training on TB-HIV program (updated policy and guideline). CTB plan to do this when updates to the guideline are finalized. • Semarang prison appointed as model prison by MoLHR Provincial Office of Central Java for HIV services, so the clinic team regularly provided clinical mentoring to other prisons in Central Java province. • OJT TB-HIV to Gunung Sindur prison and DC. Follow-up plan: TB-HIV team development with official letter from head of prison and DC, capacity building for clinic team and strengthening of external linkages with nearby PHC.		
Expand the universal DR TB testing among new pulmonary TB cases at 4 PMDT sites in CTB provinces.	3.1.4		SOP developed	DR testing among new pulmonary TB cases implemented in 4 PMDT sites.	• The step towards universal testing among new pulmonary TB cases is available. NTP and GF agreed to increase target and support for universal testing of DR TB. Now NTP has proposed 100% re-treatment cases and minimum 75% of new pulmonary TB cases should be tested for DR TB in 142 LKB/ SUFA districts at 2016-2017. So far only Jakarta (1 site) and East Java (3 sites) have implemented universal DR TB testing. • The CTB technical team and NTP PMDT focal point agreed to move forward to develop the policy first then move into details (SOP development and local plans). Adaptation of universal DR TB testing policy in NSP, CN and National TB Guidelines were completed. The SOP will be developed locally by PHO, the diagnostic center, PMDT sites with TA from Provincial CTB team. • Number of MDR TB diagnosed from January – June 2015 in total is 924 or 33 % (924/	**Partially met**	The SOP will be developed locally by PHO, diagnostic center, PMDT sites with TA from Provincial CTB team.

					2836) from National target, and number of MDR TB put on treatment from January - June 2015 is 619 or 22 % (619/ 2836) from National target.		
Provide TA to PHO/DHO in CTB provinces to ensure all nine DR-TB presumptive criteria tested for DR TB (emphasize to test all re-treatment cases before starting treatment)	3.1.5		SOP/local policy established in 2 CTB provinces	SOP/local policy established in 3 CTB provinces	South Sulawesi and East Java Provincial Health Offices had published an official letter to DHO that all nine DR-TB presumptive criteria should be tested for DR TB.	**Partially met**	Another CTB province developing local policy/ SOP for DR TB.
Provide TA and support to PHO to develop/finalize /implement provincial PMDT action plans, including action plan at district level, supervision, cohort review, etc.	3.2.1		PMDT plan finalized/ revised in 2 CTB provinces;	PMDT plan finalized/ revised in 2 CTB provinces;	**National Level:** The action plan at DKI provincial level has been finalized; several key actions have been done with funding from GF, CTB and WHO core budget. The stakeholders' preparation meeting, coordination, hospital readiness assessment, advocacy and 2 batches of PMDT basic trainings for HCW at newly appointed PMDT hospitals have been implemented. By the end of Year 1, Jakarta will have a minimum of 4 new PMDT hospitals to reduce the burden on Persahabatan Hospital and improve access to DR TB services in Jakarta. PMDT provincial Plan, status updated in other provinces were : • South Sulawesi: revised draft 2015-2019 • West Sumatera: revised draft 2015-2019 • East Java: revised draft 2015-2019 • Central Java: finalized 2013-2016 • West Java: revised draft 2015-2019	**Partially met**	So far only 1 priority province has received full package supports for PMDT scale up. DKI Jakarta was selected due to its huge burden on DR TB.
			- Motiv8 ToT Conducted - Evaluation Tools for using Motiv8 in PMDT settings Developed	- EPT Training conducte - PMDT Communication Training Conducted	- CTB provided TA on 1 batch of Motiv8 training to PMDT supporting nurses funded by LKNU CEPAT, 13 participants from 11 PHCs and 2 from Persahabatan Hospital (M: 3 , F: 10), in Jakarta - CTB provided TA on 1 batch of EPT Training funded by LKNU CEPAT, 13 participants from PETA group (M: 8, F: 5), in Jakarta - 2 batches PMDT communication training conducted in West Java (14 participants – M: 5, F: 9), 16 April 2015 and DKI Jakarta (27 participants-3 M: 3, F: 24) 18-19 June 2015.	**Partially met**	• Motiv8 ToT will be held end of July 2015 in line with NTP planning. • Evaluation tools of Motiv8 training will be developed as part of Matt Avery's TA to Indonesia.

			SOP for enhanced cohort review finalized;		Activity to develop SOP for enhanced cohort review was postponed to 27-31 July due to availability of ATS.	**Not met**	The activity will be conducted from 27-31 July
			Consultations to PHO and DHO provided to implement PMDT action plan		**Provincial Level** • CTB has facilitated assessment activities in collaboration with the PHO and DHO, to review the readiness of selected hospitals as PMDT sub-referral in DKI and East Java provinces. Those activities were as follows: • DKI: Advocacy and assessment was conducted in 4 PMDT sub-referral hospitals: Cipto Mangunkusumo Hospital, (20-22 April), Cengkareng Hospital (27-29 April), Pasar Rebo Hospital (21-23 April) and Bhayangkara hospital (27-29 April. As a result, all assessed hospitals were ready to be sub-referral. Those hospitals stated were willing to prepare the facilities and human resources. • East Java: Assessment was conducted at Dr Iskak Hospital in Tulungagung District (11-12 May), Ibnu Sina Hospital in Gresik District and RSUD Jombang Hospital in Jombang district (June 1-3) for PMDT sub-referral and Xpert placement. The results showed these three hospitals qualified as being PMDT sub- referral and Xpert placements. Advocacy also conducted in Bojonegoro district on May 7. As aresult, Sosodoro Djatikoesoemo Hospital was appointed as a sub referral PMDT site.	**Met**	
				Draft implement-action plan for community care for DR-TB developed	**NA**		Q4 activity

			Recommendation and follow up action documented as a result from enhanced cohort review that support by national team in 1 PMDT sites;	Recommendation and follow up action documented as a result from enhanced cohort review that support by national team in 2 PMDT sites;	• CTB facilitated 5 cohort review activities in 5 hospitals/ PMDT sites (RS Syaiful Anwar East Java, RS Soetomo East Java, RSUD Labuang Baji South Sulawesi, RSUP Kariadi Central Java and RS Hasan Sadikin West Java) in 4 CTB provinces. Based on cohort review 3 hospitals met a criteria of "patients with unknown culture and smear status within 1st 6 months" less than 15%. Challenge is on criteria "patients with default within 7-12 months" remain (range percentages of achievement were 15% - 44%, compared to 10% as a standard). Recommendation and follow up action was documented to improve the achievement.	**Met**	
Provide technical assistance to NTP, NAP, MoLHR, PHO, DHO, health facilities and prisons for TB-HIV implementation.	3.2.2		SOP for linkages developed/implemented, QAQI tools & Readiness Tools developed, clinical mentoring conducted in 4 CTB provinces	Provincial TB-HIV Joint Planning, clinical mentoring conducted in 9 CTB provinces	**At National level**: Managerial guidelines are being revised together with professional organizations (PAPDI and PDPI). **At Provincial level:** • Clinical mentoring TB-HIV to 1 ART Hospital in East Java, 1 hospital and 1 PHC in Kab. Paniai, Papua, with follow-up plan to provide regular clinical mentoring to improve program quality. • CTB has provided TA on TB-HIV training for district's TB programmer in East Java province (1 batch – 8-11 June), 27 participants (M: 13, F: 14); South Sulawesi province (1 batch – 20-24 April), 26 participants (M: 8, F: 18); GF TB funding. • CTB has conducted TB-HIV joint planning meeting in Semarang city.	**Partially met**	• QAQI tools & readiness tools will be developed in Q4 due to time constraint. • CTB will strengthen the referral system systematically and ensure all SOPs for TB-HIV will be followed in health facilities

"The results of the implementation of TemPO (Temukan Pisahkan dan Obati) a local form of FAST strategy, since April 27th 2015 has already registered 16 patients in the polyclinic, 17 patients in the laboratory, 19 patients in the radiology unit and patient waiting time to get health care is approximately 5-10 minutes. Based on evaluation conducted on May 13th 2015."

TemPO Billing statement from RS.Panti Rapih, DI Yogyakarta
Photo by KNCV©Fina Tams

Objective 2

Prevention of transmission and diseases progression

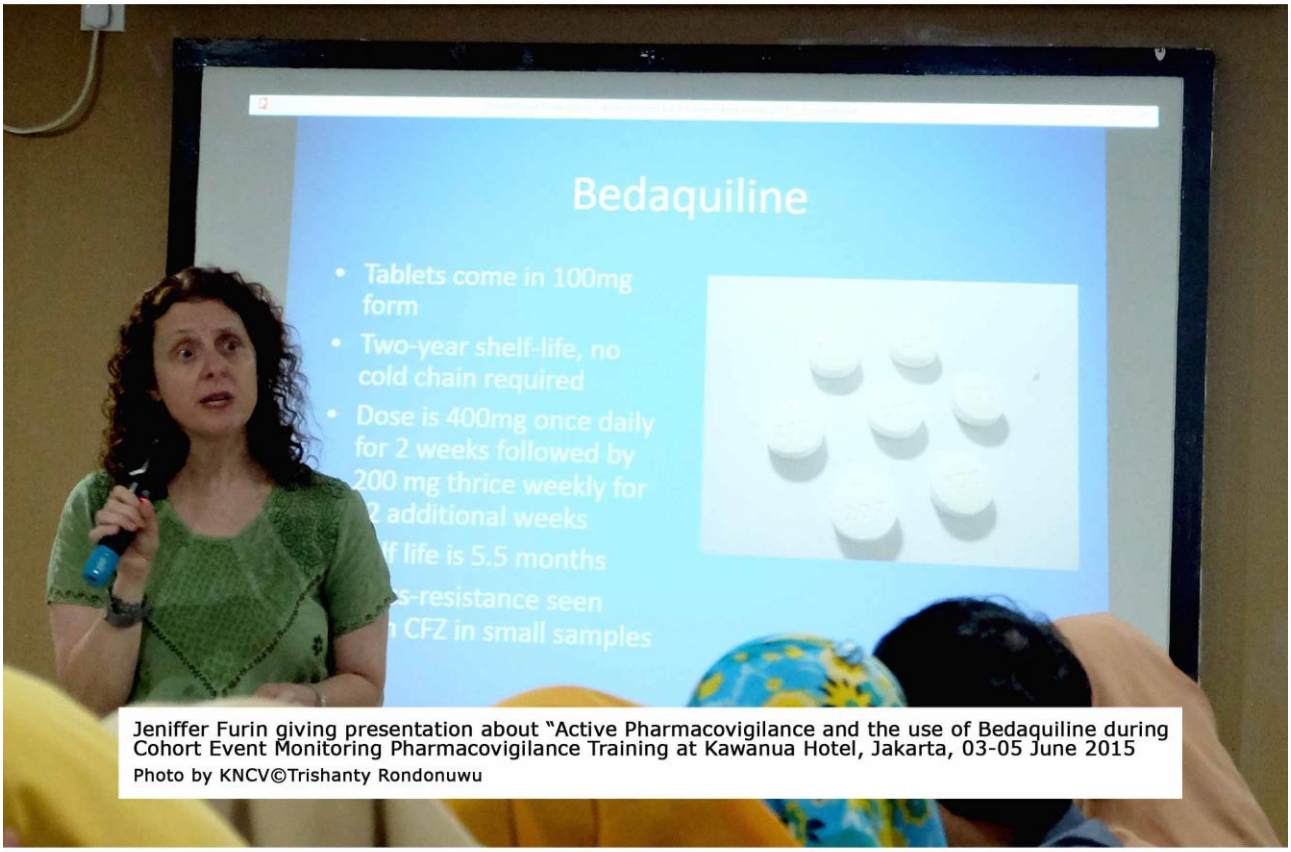
Sub-objective 4. Targeted screening for active TB							
Planned Key Activities for the Current Year		**Planned Milestones**			**Milestone status**	**Milestone met? (Met, partially, not met)**	**Remarks (reason for not meeting milestone or other key information)**
	Activity #	**Oct 2014-Mar 2015**	**Apr-Jun 2015**	**Jul-Sep 2015**	**April – June 2015**		
Developing contact investigation guidelines and tools and road map with focus on contacts of DR–TB patients, children under 5, and PLHIV.	4.1.1		Stakeholders identified and roles defined	Early version of childhood TB CI in Puskesmas developed.	CTB provided TA on the development of national policy on contact investigation. The preparatory discussion with NTP, Reproductive Health, Maternal Neonatal and Child Health program, IDAI and Childhood TB Working Group for CI implementation in children under 5 has been carried out. The decision so far: the CI policy for Children existed but never reported and monitored. Stakeholder recommendation to NTP for development of a separate (from regular TB RR) information system of CI for children under 5 which then links with prevention measured (IPT) information system. Workshop to develop guideline for CI and IPT provision among children is scheduled on 8-10 July.	**Met**	
Engaging CSOs at national level and plan for capacity building on CI guidelines and tools.	4.1.2			Tools and material for CI activities developed.	NA	Choose an item.	Q4 activity

Sub-objective 5. Infection control							
Planned Key Activities for the Current Year		**Planned Milestones**			**Milestone status**	**Milestone met? (Met, partially, not met)**	**Remarks (reason for not meeting milestone or other key information)**
	Activity #	**Oct 2014-Mar 2015**	**Apr-Jun 2015**	**Jul-Sep 2015**	**April – June 2015**		
Provide support to implementation of TemPO and scaling up implementation in HCF (including all PMDT sites) and other settings in CTB areas.	5.1.1		TemPO assessment tools developed	TemPO pilot project evaluated and lesson learnt documented, TemPO strategy inserted into self-assessment tools for prison.	**At National level:** 1. TemPO strategy has been inserted into the revised TB in prison guideline and the self-assessment tools. 2. TemPO has been implemented on a small scale at Panti Rapih Hospital, Yogyakarta since April 29 2015. SOP, stamps, and IEC material for health care workers and patients have been completed and socialized before implementation. It has been evaluated through a meeting conducted on May 13. PHO, Respira Hospital, and DHO of Yogyakarta City participated in that evaluation meeting. Results of this evaluation meeting were used to revise SOP.	**Met**	
Provide TA to implement HCW screening at PMDT referral sites, including drafting of model/system for inclusion into the national surveillance system.	5.2.1		SOP template revised	HCW Screening implemented in provinces and model for inclusion in national surveillance system developed.	Activity not conducted yet.	Not met	Activity Postponed to Q4 due to fact that the PIC for this position just resigned in the end of May 2015 and is therefore still vacant, and the search for the most suitable candidate is ongoing.

Sub-objective 6. Management of latent TB infection							
Planned Key Activities for the Current Year		**Planned Milestones**			**Milestone status**	**Milestone met? (Met, partially, not met)**	**Remarks (reason for not meeting milestone or other key information)**
	Activity #	**Oct 2014-Mar 2015**	**Apr-Jun 2015**	**Jul-Sep 2015**	**April–June 2015**		
Provide TA for developing necessary SOPs, integrating them into ICF protocols and providing them to the relevant service providers.	6.1.1			SOP on IPT for children under 5 developed		Choose an item.	Q4 Activity
Scale up of IPT implementation in ART hospitals in CTB areas.	6.1.2		**Activity merged in 3.1.2**		**At provincial level**: 1. From 42 ART hospitals in 10 CTB districts, 9 (Adam Malik, Pirngadi, Haji Medan l, Bhayangkara Medan, Persahabatan, Sulianti Saroso Hospital, Hasan Sadikin, Kota Bandung, and Moewardi hospitals) already appointed as IPT sites. 2. IPT supervision to 4 ART hospitals in North Sumatera, with result: 128 PLHIV enrolled for IPT. 3. IPT dissemination for scaling up to 9 districts in North Sumatera, with result: • IPT policy is well accepted in 9 districts. • IPT guideline needs to be disseminated to all ART hospitals and local HIV CSOs in the 9 districts to ensure proper implementation. • IPT scaling up in the districts will use local budget, so all districts should put the budget in the 2016 plan. 4. Regular clinical mentoring is requested by all districts to ensure proper implementation.	**Met**	

"It is important because it is the first new TB drug in almost 50 years and is one of the only options to cure patients with highly resistant forms of disease".

-Jeniffer Furin-



Jeniffer Furin giving presentation about "Active Pharmacovigilance and the use of Bedaquiline during Cohort Event Monitoring Pharmacovigilance Training at Kawanua Hotel, Jakarta, 03-05 June 2015

Photo by KNCV©Trishanty Rondonuwu

Objective 3

Strengthened TB Platform

Sub-objective 7. Political commitment and leadership							
Planned Key Activities for the Current Year		**Planned Milestones**			**Milestone status**	**Milestone met? (Met, partially, not met)**	**Remarks (reason for not meeting milestone or other key information)**
	Activity #	**Oct 2014-Mar 2015**	**Apr-Jun 2015**	**Jul-Sep 2015**	**April – June 2015**		
Assessing and reviewing the existing models and tools for advocacy for revision and adaptation into local context.	7.2.1			Draft models and tools for advocacy available.	NA	Choose an item.	**Q4 activity**
To promote Indonesia TB program internationally and to learn from other country experience.	7.2.2		Report on activity and recommendations available	Report on activity and recommendations available	1. Roni Chandra attended the Joint Partner Forum for Strengthening and Aligning TB Diagnosis and Treatment in Geneva, 25 April-2 May. 2. Jhon Sugiharto attended the meeting on reviewing the implementation of FAST strategy in different settings, organized by TB CARE II in Washington DC on 7-8 May 2015. 3. Firza Asnely participated in ATS conference 2015 in Denver, USA from 15-22 May on updating and gathering information related to: • Continuation of PDPI project, documentation of result and development of project manuscript. • Progress update on Contact Investigation activities • Plan for ICF activities, including continuation/scale-up/result documentation of STAMP study 4. Tiar Salman attended Global Drug Facility (GDF) in Cambodia, 21-24 April on GDF activities, market dynamics of first and second line TB drugs, potential future strategies in ensuring adequate TB drug supplies, quality assurance gap and intervention,	**Met**	

					reflection on supplier performance as part of GDF regular management review.		

Sub-objective 8. Comprehensive partnerships and informed community involvement							
Planned Key Activities for the Current Year		**Planned Milestones**			**Milestone status**	**Milestone met? (Met, partially, not met)**	**Remarks (reason for not meeting milestone or other key information)**
	Activity #	**Oct 2014-Mar 2015**	**Apr-Jun 2015**	**Jul-Sep 2015**	**April-June 2015**		
Provide TA for development of NSP & CN, implementation of GF work plans and GF funded TA plan, including reprogramming GF work plan.	8.2.1		Report on activity and recommendations available	Report on activity and recommendations available	1. The GF TRP (Global Fund Technical Review Panel) has accepted Indonesia's joint concept note on TB and HIV. The concept note was developed by Country Coordinating Mechanism Indonesia, and supported by MoH, Challenge TB partners (FHI360, KNCV, MSH and WHO), Gadjah Mada University and several external consultants (details are in quarterly overview). 2. CTB also provided support to PRs to address management letter related with the results of Rapid Services Quality Assessment/On Site Data Verification. 3. Contributed in TB-HIV national action plan finalization. 4. Contributed in TB in prison New Funding Model /NFM proposal development, finalization and submission. 5. Facilitated TB-HIV in prison national action plan development, currently in progress for finalization.	**Met**	

Sub-objective 9. Drug and commodity management systems							
Planned Key Activities for the Current Year		**Planned Milestones**			**Milestone status**	**Milestone met? (Met, partially, not met)**	**Remarks (reason for not meeting milestone or other key information)**
	Activity #	**Oct 2014-Mar 2015**	**Apr-Jun 2015**	**Jul-Sep 2015**	**April – June 2015**		
Provide TA to finalize revision of logistics materials (guidelines, related training modules & handbooks), including TA for implementation.	9.1.1		Training material on logistics PMDT and HuC for logistic updated and 1 new PMDT site trained and implemented logistic management /e-TB Manager.	2 new PMDT sites trained and implemented logistic management and e-TB Manager.	Updated TB Training Module for province and district level on 14-17 April. The training module was expanded to 2 modules based on new curricula and objectives: TB control program, Patient Case finding, TB Treatment, Quality TB Laboratory, Logistic TB, Recording and Reporting, Prevention and Infection control, TB Linkage, Effective Communication, Monitoring and Evaluation, Supervision and TB planning.	**Partially met**	Training for new PMDT sites will be postponed to July-Sept. CTB in this activity is only providing TA for training facilitation. Budget and time to conduct the training is dependent on the province and the hospitals.
Provide TA to support logistics management to the NTP.	9.1.2		Logistics report available per quarter.	Logistic report available per quarter	Second line TB drug analysis per quarter has been developed and shared with NTP as the main partners.	**Partially met**	Report on First Line Drug (FLD) will be available after SITT on logistics is improved and tested in CTB area. This activity will be conducted in next quarter and APA 2.
Provide TA to assist the NTP to develop a national roadmap for adoption and roll-out of daily dose TB treatment.	9.1.3			Draft policy on daily dose treatment available.	NA	Choose an item.	Q4 Activity
Provide TA for: Finalization and implementation tools for Pharmacovigilance for BDQ, including support training on PV.	9.2.1		CEM PV guideline and training material finalized, Pharmacovigilance RR available in e-TB Manager, Staff at PMDT hospitals	PV data in 3 piloted sites regularly inputted in e-TB Manager.	1. CTB has supported NTP and the Food and Drug Agency (BPOM) to finalize the 2. CEM PV guideline and training material. 3. CEM PV Training has been conducted twice. Introduction CEM PV Training on April 28; and Cohort Event Monitoring Pharmacovigilance Training June 3-5. 4. Participants were NTP, BPOM, PHO staff from 4 provinces (DKI, East	**Met**	

			trained for PV.		Java, West Java, South Sulawesi), 4 PMDT sites (Persahabatan hospital, Hasan Sadikin Hospital, and Soetomo Hospital, Labuang Baji), University of Indonesia, WHO, and KNCV. 5. Final CEM PV guideline and training material was used in this training. On-the-job training is planned for other staff of PMDT sites (clinicians, nurses, pharmacists) who did not attend the training in the preparations for CEM. 6. Training for BPOM, PV Officer on e-TB manager software was conducted on 22 June 2015. Pharmacovigilance RR was available in e-TB Manager.		

Sub-objective 10. Quality data, surveillance and M&E							
Planned Key Activities for the Current Year		**Planned Milestones**			**Milestone status**	**Milestone met? (Met, partially, not met)**	**Remarks (reason for not meeting milestone or other key information)**
	Activity #	**Oct 2014-Mar 2015**	**Apr-Jun 2015**	**Jul-Sep 2015**	**April-June 2015**		
Provide TA to evaluate SITT implementation, including adjustment with WHO revised definition and reporting framework for TB.	10.1.1		Complete list of errors and propose new function on logistic at SITT software.	Revision of definition and reporting framework for TB to be included in SITT, Pilot sites training & implement-ation on logistic SITT, ETM improve-ment on logistic and monthly Lab report.	1. List of issues that should be revised in SITT based on new definitions is available. The TOR for the SITT database evaluation was developed, including the technical document of database as references for evaluation. 2. List of lab issues and new function is available and shared with local IT. 3. New function on logistics at SITT is under development.	**Met**	
Provide TA on preliminary process of developing user-friendly technology (mobile technology), including identification of dataset and mechanisms.	10.1.2			Preliminary document of m-tech design (dataset identification and	NA	Choose an item.	**Q4 Activity**

				mechanism)			
Provide TA and supervision for recording and reporting system of TB (paper and e based), at provincial and district level.	10.1.3		TA conducted in 5 intensified provinces	TA conducted in 10 CTB provinces	**At National Level** CTB provided TA to facilitate, supervise and mentor SITT and implement eTB at provincial and district levels as requested by NTP. CTB also provided technical support to the NTP ME team to validate and problem solving for annual TB data collections due to the problems that arose during the transition process from SITT Phase 1 to Phase 2. CTB provided TA to NTP to improve TB case data collection for cohort 2014 and treatment TB data for cohort 2013 for 11 provinces (5 provinces were CTB intensified areas, 1 was a specified area, and 5 were from outside CTB provinces). **At Provincial Level**  *Photo: TA for SITT in Kota Bekasi (Dian)* CTB provided TA on Recording & Reporting for 8 hospitals (Biak Hospital, Nabire Hospital, Mimika Hospital, Bunda Pengharapan Hospital, Merauke Hospital, Serui Hospital, Soedono Hospital and RS. Paru), in 2 provinces (Papua and East Java) and 4 PHCs (Biak Kota, Nabire Kota, Karang Timaritis, and Serui Kota) in 5 Districts (Biak, Nabire, Mimika, Merauke, Yapen)	**Met**	

					in Papua. CTB also provided TA on RR for PHO and DHO in 3 provinces (West Java, East Java, and South Sulawesi).		
Develop the data utilization guideline (how to utilize TB data for strategic information).	10.1.4			TB data utilization guideline finalized	NA	Choose an item.	Q4 Activity
Provide TA to inventory study and drug resistance survey preparation.	10.2.1			TOR and draft plan of action on inventory study and drug resistance survey (DRS) available.	Preliminary process was conducted to develop the Term of Reference (TOR) and draft plan of action on inventory study and DRS. The process was to finalized the protocol and plans for inventory study and Drug Resistance Survey which now available, and being reviewed by LFA for approval. The most rational timeline for these surveys are Q4 2015 (Oct-Dec) for TB Inventory Study and Q1 2016 for DRS. With this new timeline the results might be available at the end of 2016 for TB Inventory Study and mid 2017 for DRS. However the external TA for survey preparation and capacity building of survey team should be carried out on time.		The TOR and draft plan of action on inventory will be finalized in Q4, including the budget for surveys has not been concluded yet and also the research institute who will conducted the surveys.
Provide TA to NTP and NAP to develop protocol of TB-HIV surveillance.	10.2.2			Protocol on TB HIV surveillance available	NA	Choose an item.	Q4 Activity

3. Challenge TB's support to Global Fund implementation in Year 4

Current Global Fund TB Grants

Name of grant & principal recipient *(i.e., Tuberculosis NFM - MoH)*	**Average Rating***	**Current Rating**	**Total Approved Amount**	**Total Disbursed to Date**	**Total expensed** *(if available)*
IND-T-MOH	B1	B2	$ 100.1 m	$ 65.3 (65%)	

** Since January 2010*

In-country Global Fund status - key updates, current conditions, challenges and bottlenecks

The GF is currently supporting TB control in Indonesia through the SSF phase 2 grant. The latest GF report (1 January – 30 June 2014) showed low absorption at around 31%.

Challenge TB & Global Fund - Challenge TB involvement in GF support/implementation, any actions taken during this reporting period

1. The concept note was developed by the CCM (Country Coordinating Mechanism) Indonesia, and supported by the Ministry of Health, Challenge TB (CTB) partners (FHI360, KNCV, MSH and WHO), Gadjah Mada University and several external consultants. The TRP has recommended that the TB-HIV concept note proceed to grant-making with some issues needing to be cleared by the TRP and CCM Secretariat. The Global Fund has awarded the full requested allocation amount of US$ 132.2 million plus US$ 27 million in incentive funding. Overall the TRP considers the concept note to be technically sound and strategically focused, well-integrated considering the country's epidemiological context, geographic variability of the two diseases, current funding landscape and limitations, and utilizes the lessons learned through programs supported by the Global Fund and other development partners to prioritize evidence-based and high impact interventions for key populations. CTB assisted CCM in addressing TRP's clarifications
2. CTB assisted PRs (MOH and Aisyiyah) with implementation of the GF- TA Plan, covering TA gaps not addressed by CTB (KNCV as SR of GF). So far, almost half of planned TA (6 out of 13) is on progress and 74% of total TA plan budget has been committed.

4. Success Stories – Planning and Development

Planned success story title:	
Sub-objective of story:	Choose an item.
Intervention area of story:	Choose an item.
Brief description of story idea:	
Status update: A success story has been provided in the Q1 (Jan – March 2015) report; however, an additional story will be developed for publication in the APA1 final report.	

5. MDR-TB cases detected and initiating second line treatment in country

Quarter	Number of MDR-TB cases detected	Number of MDR-TB cases put on treatment	Comments:
Total 2010	215 (M: 128 F: 87)	140 (M: 85 F: 55)	Data generated by ETB Manager as per 9 July, 2015
Total 2011	466 (M: 262 F: 204)	255 (M: 135 F: 120)	
Total 2012	818 (M: 455 F: 363)	432 (M: 238 F: 194)	
Total 2013	1,074 (M: 650 F: 424)	819 (M: 479 F: 340)	
Total 2014	1,759 (M: 1,069 F: 690)	1,291 (M: 775 F: 516)	
Jan-Mar 2015	449 (M: 276 F: 173)	362 (M: 222 F: 140)	
Apr-Jun 2015	475 (M: 270 F: 205)	257 (M: 137 F: 120)	
Jul-Sep 2015			
Oct-Dec 2015			
Total 2015	924 (M: 546 F: 378)	619 (M: 359 F: 260)	

6. Challenge TB-supported international visits (technical and management-related trips)

#	Partner	Activity Code	Name	Purpose	Planned month, year	Status (cancelled, pending, completed)	Dates completed	Duration of the visit (# of days)	Debrief presentation received	Summary report received	Final report received	Additional Remarks (Optional)
1	KNCV	3.1.1	Kathy Fiekert	Provide TA on the development of revised/new appropriate screening algorithms for the NTP and research protocol to assess their impact on case notification and costs (considering yield vs cost, availability and access)	May 2015	Complete	1 - 27 May 2015	27 days	Yes	Yes	Will be submitted in 2016 as this mission consist of serial visits	Debriefing material together with Edine's mission below
2	KNCV	9.2.1	Edine W Tiemersma	Provide TA on Pharmacovigilance (PV)	May 2015	Complete	2 - 8 May 2015	7 days	Yes	Yes	No need	
3	KNCV	Staffing Operation	Dianne Van Oosterhout	1. For the new KNCV/CTB portfolio manager for Indonesia to get acquainted with the CTB project, its scope, its partners and staff 2. Review progress of CTB project implementation in Indonesia focusing on operational aspects including partnerships 3. Facilitate KNCV Country International Meeting week 4. Provide inputs on planning approach and process for APA2	May 2015	Complete	17 - 26 May 2015	10 days	No need	Yes	No need	
4	SA Pathology	2.3.1	Richard Lumb	Provide TA on strengthening of the TB lab network, QA and implementation of CTB activities related to strengthening of TB lab network	June 2015	Complete	20 May - 11 June 2015	22 days	Yes	Yes	No	
5	KNCV	Staffing Operation	Michael Kimerling	1.For the new KNCV/CTB portfolio manager for Indonesia to get	May 2015	Complete	24 - 29 May 2015	6 days	No need	Yes	No need	

				acquainted with the CTB project, its scope, its partners and staff2. Review progress of CTB project implementation in Indonesia focusing on operational aspects including partnerships3. Facilitate KNCV Country International Meeting week4. Provide inputs on planning approach and process for APA2								
6	KNCV	9.2.1	Edine W Tiemersma	Provide TA on implementation of New TB Drug (Bedaquiline, Clofazimine and Linezolid	May-June 2015	Complete	25 May - 5 June 2015	12 days	Yes	No	No	

Total number of visits conducted (cumulative for fiscal year)	6 (cumulative from Q1:17 visits)
Total number of visits planned in approved work plan	28
Percent of planned international consultant visits conducted	60% (17/28; from Oct 2014 –June 2015)